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PTO/SB/81 (10-03)
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POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM

Application Number 097505, 201
Filing Date 2/16/2000
First Named Inventor Young
Title Bi-Directional Switched RF
Art Unit 2681
Examiner Name PAN
Attorney Docket Number H3H/NDT

I hereby appoint:

☐ Practitioner(s) associated with the Customer Number:

OR

☒ Practitioner(s) named below

Name	Registration Number
Herman Hohausner	29,465

as my/our attorney(s), or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ Firm or Individual Name Herman Hohausner

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City Alexandria

State VA

Zip 22312

Country USA

Telephone 703-354-6883

Fax

703-642-7210

I am the

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Name Michael F. Young

Signature [Signature]

Date 24 FEB 04

Telephone 703-205-0600

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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PTO/SB/21 (02-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/505,201
	Filing Date	2/16/2000
	First Named Inventor	Yuhang
	Art Unit	2 - Directional Switched RF
	Examiner Name	PAN
Total Number of Pages in This Submission	Attorney Docket Number	HJH/YDI

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Please call undersigned at 703-354-6883 if there is a question or problem		
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CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
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*Feb 24 04 05:00p

Young Design Inc

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P.2

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number: 09/505,201
Filing Date: 2/16/2000
First Named Inventor: Young
Title: Bi-Directional Switched RF
Art Unit: 2681
Examiner Name: PAN
Attorney Docket Number: HSH/YDI

I hereby appoint:

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☒ Practitioner(s) named below

Name	Registration Number
Herman Hohausner	29,4165

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The address associated with Customer Number:
OR

☒ Firm or individual Name: Herman Hohausner
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I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Name: Michael F. Young
Signature: [Signature]
Date: 24 FEB 04 Telephone: 703-205-0600

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required. See below.

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